

Effective October 1, 2000

**Application or Docket Number** 

M-8689-US

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			63				R	RATE FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			63 minus 20=		· 43		X	\$ 9=		OR	X\$18=	774
INDEPENDENT CLAIMS			10 minus 3 =		7		Х	40=		OR	X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT							+1	35=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TAL		OR	TOTAL	2.044
CLAIMS AS AMENDED - PART											OTHER	THAN
(Column 1) (Column						(Column 3)	SMALL ENTITY O				SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	Х	40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JULIPLE DEF	ENDEN	CLAIM		+1	35=		OR	+270=	
								TOTAL		00	TOTAL	
(Column 1) (Column 2) (Column 3)								T. FEE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	2 3 5 2 3 6 2 3 6 2 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6	HIGH NUM PREVI		PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		='	X	\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AIM	=	X	40=		OR	X80=	
<b> </b>	TINOT FRESE	INTATION OF IM	OLITEL DEF	ENDEN	CLAIN	. <u> </u>	+1	35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,,,,,,,				7,0071.722	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	40=	(		X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		^		-	OR	7,00=	
,	If the entry in eater	mn 1 is loss than t	ho antorio astr	mn 0'	o "O" !	duma 2		35=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												